CROMPTON SEAGER TUFTE

# CROMPTON | SEAGER | TUFTE | LLC

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**FAX TRANSMISSION** 

DATE: August 11, 2004

TO: Commissioner for Patents FROM: Taletha J. Wilson

Attn: Office of OIPE Filing Receipt Correction

P.O. Box 1450

Alexandria, VA 22313-1450

OUR REF: 1001.1690102

TELEPHONE: (612) 667-9050

Total pages, including cover letter: 4

PTO FAX NUMBER: 703-746-9195

If you do NOT receive all of the pages, please telephone us at (612) 677-9050, or fax us at (612) 359-9349.

Title of Document(s) Transmitted: Transmittal Letter, Request for Corrected Filing

Receipt and Copy of Filing Receipt

Applicant: Roger Farnholtz Serial No.: 10/804,360 Filed: March 19, 2004 Group Art Unit: 3763

Our Ref. No.: 1001.1690102 Confirmation No.: 9216 Customer No.: 28075

Please charge Deposit Account No. 50-0413 in the amount of \$

Please charge any additional fees or credit overpayment to Deposit Account No. 59-0413.

Name: David M. Crompton

Reg. No. 36,772

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Name: Taletka J. Wilson

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CROMPTON SEAGER TUFTE

Applicant:

Roger Farnholtz

Confirmation No.: 9216

Serial No.:

10/804,360

Examiner: Unknown

Filing Date:

March 19, 2004

Group Art Unit: 3763

Docket No.:

1001.1690102

Customer No.: 28075

For:

TORQUEABLE AND DEFLECTABLE MEDICAL DEVICE SHAFT

TRANSMITTAL SHEET

Office of OIPE Filing Receipt Corrections

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8(1(i)(B)):

I hereby certify that this paper is being facsimile transmitted to

the United States Patent and Trademork Office at (703) 746-9195 on the date shown below.

We are transmitting herewith the attached:

[XX]

Request for Corrected Filing Receipt and Copy of Filing Receipt

[]

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been

established.

[XXXX] Please charge any deficiencies of fees to Deposit Account No. 50-0413.

David M. Crompton, Reg. No.

David M. Crompton CROMPTON, SEAGER & TUFTE, LLC

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Telephone: (612) 677-9050 Facsimile: (612) 359-9349

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

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Confirmation No.: 9216

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Office of OIPE Filing Receipt Corrections

Commissioner for Patents

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Alexandria, VA 22313-1450

### REQUEST FOR CORRECTED FILING RECEIPT

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8(1(i)(B)):

I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office at (703) 746-9195 on the date shown below.

Sir:

Attached is a copy of the official Filing Receipt received with regard to the above application for which issuance of a corrected Filing Receipt is respectfully requested.

Applicant requests correction of named Applicant Farmholtz to read as: Farnholtz

The requested correction is not due to any error by Applicants and no fee is due.

Applicants respectfully request correction of this error and issuance of a corrected Filing Receipt in due course.

Applicant further request recognition of customer number 28075 as indicated on the Patent Application Transmittal Letter.

Respectfully submitted,

Roger Farnholtz

By his Attdrney,

David M. Crompton, Reg. No. 36

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#### United States Patent and Trademark Office

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FILING OR 371 APPL NO. ART UNIT FIL FEE REC'D ATTY, DOCKET NO DRAWINGS TOT CLMS IND CLMS (c) DATE 10/804,360 03/19/2004 3763 910 1001.1690102

**CONFIRMATION NO. 9216** 

David M. Crompton DROMPTON, SEAGER & TUFTE, LLC Suite 800 1221 Nicollet Avenue Minneapolis, MN 55403-2420

**FILING RECEIPT** \*OC000000012850425\*

Date Mailed: 06/03/2004

Receipt is acknowledged of this regular Patent Application, It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Farnholtz Roger Famholtz Fremont, CA;

Assignment For Published Patent Application

SciMed Life Systems, Inc.;

Domestic Priority data as claimed by applicant

This application is a CON of 09/863,152 05/22/2001 PAT 6,716,207

Foreign Applications

If Required, Foreign Filing License Granted: 05/30/2004

Projected Publication Date: 09/09/2004

Non-Publication Request: No

Early Publication Request: No

Title

Torqueable and deflectable medical device shaft